

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION SHORT FORM

See Reverse for
Privacy Act Statement

O.M.B. No. 1660-0100
Expires May 31, 2010

USE THIS FORM ONLY IF APPLYING FOR NFA OFF CAMPUS COURSES (EXCLUDING REGIONAL DELIVERIES)

SECTION I - GENERAL INFORMATION

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| 1. DATE OF BIRTH (Mo, Day, Yr.) | 2. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | 3. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO If No, City and Country of Birth: _____ |
| 4a. ETHNICITY 1. <input type="checkbox"/> HISPANIC or LATINO 2. <input type="checkbox"/> NOT HISPANIC or LATINO | 4b. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER | |
| 5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix) | | 6. SOCIAL SECURITY NUMBER |
| 7. HOME ADDRESS (Street, avenue, road no./city or town, state and zip code) | | 8. WORK PHONE NO. () 9. HOME PHONE NO. () 10. FAX NO. () 11. E-MAIL ADDRESS: |
| 12a. ENTER COURSE CODE AND TITLE 1) _____ 2) _____ 3) _____ | | 12b. COURSE LOCATION Emmitsburg, MD |
| | | 12c. DATE Nov. 15-16, 2008 |
| 13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, indicate & describe any special considerations required on a separate sheet) | | |

SECTION II - EMPLOYMENT INFORMATION

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| 14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED | 14b. NFIRS # (NFA STUDENTS ONLY) | 15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION |
| 16. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION | | 16c. CURRENT STATUS |
| 16a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 2. <input type="checkbox"/> COUNTY GOVERNMENT 3. <input type="checkbox"/> CITY/TOWN/VILLAGE | 4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP/ TRIBAL NATION 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 6. <input type="checkbox"/> INDUSTRY/BUSINESS 7. <input type="checkbox"/> FOREIGN 8. <input type="checkbox"/> DHS/FEMA 9. <input type="checkbox"/> NDER/IMA | 1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST |
| 16b. ORGANIZATION 1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION | | |

SECTION III - ENDORSEMENT AND CERTIFICATION

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| 17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001). | |
| 17b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee. | |
| 17c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis. | |
| 17d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses. | |
| 18a. SIGNATURE OF APPLICANT | 18b. DATE |

19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION (NOT REQUIRED FOR SELF - STUDY PROGRAMS)

By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.

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| 19a. SIGNATURE | 19b. PRINTED NAME AND TITLE | 19c. DATE |
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20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIRED FOR SELF - STUDY PROGRAMS)

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| 20a. SIGNATURE AND DATE (State Office) | 20b. SIGNATURE AND DATE (FEMA Regional Office) |
| 21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR | |